

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p style="text-align: right;">(Government Code Sections 84200-84216.5)</p> <p>SEE INSTRUCTIONS ON REVERSE</p>		<p style="text-align: center;">Statement covers period</p> <p>from <u>07/01/2007</u> through <u>12/31/2007</u></p> <p style="text-align: center;">CITY OF SANTA MARIA By <u>City Clerk</u></p>	
<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <small>(Also Complete Part 7)</small></p>		<p>Date of election if applicable: <u>JAN 29 2008</u></p> <p>Page <u>1</u> of <u>4</u> For Official Use Only</p>	
<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small></p> <p><input type="checkbox"/> Amendment (Explain below)</p>		<p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p>	

Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Financially United Candidates
Officeholder Committee
(Also Complete Part 7)

3. Committee Information	I.D. NUMBER 1227669
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Treasurer(s) NAME OF TREASURER

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-22-09 Date _____

Executed on _____ Date _____

Executed on _____ Date _____

By Trent Bondey Signature of Assistant Treasurer
Dee M. Geller Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date _____

Executed on _____ Date _____

Executed on _____ Date _____

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page—Part 2**

COVER PAGE - PART 2
CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member
City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Pkwy, Suite 220 Santa Maria, CA

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

NAME OF TREASURER

CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF TREASURER

CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SUMMARY PAGE
 CALIFORNIA **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Alice Patino for City Council

Statement covers period from <u>07/01/2007</u>	through <u>12/31/2007</u>
I.D. NUMBER <u>1227669</u>	Page <u>3</u> of <u>4</u>

Contributions Received

	Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>91.65</u>	\$ <u>191.90</u>
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>91.65</u>	\$ <u>191.90</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>91.65</u>	\$ <u>191.90</u>

Current Cash Statement

12. Beginning Cash Balance

Previous Summary Page, Line 16

\$ 2,983.45

13. Cash Receipts

Column A, Line 3 above

\$ 0.00

14. Miscellaneous Increases to Cash

Schedule I, Line 4

\$ 0.00

15. Cash Payments

Column A, Line 8 above

\$ 91.65

16. ENDING CASH BALANCE

Add Lines 12 + 13 + 14, then subtract Line 15

\$ 2,891.80

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse

\$ 0.00

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

